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Letter dated 16 June 2009 from the Permanent Representative of the Sudan to the United Nations addressed to the President of the Economic and Social Council

I have the honour to transmit herewith the national report of the Republic of the Sudan for the annual ministerial review to be held during the high-level segment of the substantive session of 2009 of the Economic and Social Council (see annex).

I would be very grateful if you would circulate the present letter and its annex as a document of the Council, under item 2 (b) of the provisional agenda.

(*Signed*) Abdalmahmood **Abdalhaleem**
Permanent Representative

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Annex to the letter dated 16 June 2009 from the Permanent Representative of the Sudan to the United Nations addressed to the President of the Economic and Social Council

Implementation of the national development strategies to achieve the internationally agreed development goals

National final report of the Sudan

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Executive summary

National polices in Sudan are categorized in to a long term national development strategy known as the twenty five year national strategy 2007 - 2031 and the medium term five year plan 2007-2011.

The vision of the five year plan is to continue to build a unified, secure and peaceful Sudan founded on the principles of pluralism, federalism, equitable distribution of wealth and safeguarded by social co-existence, peace and the rule of law.

The Republic of the Sudan has placed a lot of emphasis on the involvement of the people in design and implementation of the national development policies. Beginning from national twenty five years strategy, people are usually consulted in the design of the national development policies. According to the promulgated constitution 2005 decentralization policy has been a deliberate move to devolve power to the local government level.

Thus, the government of Sudan, as a signatory to the September 2000 Millennium Development Goals (MDGS) by 2015 and a signatory to the Comprehensive Peace Agreement (CPA) signed in January 2005, is simultaneously committed to the achievement of the Millennium Development Goals and the implementation of the post conflict development plan set in the Interim Constitution of the Republic of Sudan.

Real GDP increase from an average of 7.1% during 2000-2005 has recorded double – digit growth rates of 10% and 11% in retrospect's 2006 and 2007. Such growth rates were not broad-based enough to impart sustained change in poverty reduction and realized MDGs targets.

The net school enrolment ratio is still low and has been improved from 40% in 1991 to 53.7% in 2006. With regard to adult and youth literacy rates, some progress has been realized, the adult literacy rate increased from 45.8% to 60.9%. The overall primary school completion rates remained very low at only 19.4%.

The child health indicators showed significant improvement between the baseline level of 1990 and 2000. The infant mortality rate (IMP) was reduced from 80/1000 in 1990 to 68/1000 in 2000. However, the SHHS revealed a rate of 81/1000 which may be attributed to the difference in the coverage (the only survey that has included the Southern States as a whole) or as a result of conflict and inaccessibility to extend health services to conflict areas. The under five mortality rate was 143/1000 in 1990 and 112/1000 live birth in 2006.

The expanded immunization programme has achieved the national target of DPT3 coverage of over 83.9%. The under five mortality rate is basically attributed to

diseases including malaria, diarrhea and measles indicating strong link between goal 4 and other related MDGs.

Overall maternal mortality Ratio (MMR) in North Sudan has been reduced from 552 in 1990 to 509 per 100000 in 1999. However, the Sudan Household Health Survey (SHHS) in 2006 showed that the MMR was 1107/100000. Again, this can be basically attributed to the ongoing conflict and the difference in the coverage as mentioned above (where the MMR is higher than 2000/100000LBs), in addition SHHS used a different methodology; the direct method for estimating MMR, whereas the previous ones used the indirect method.

The prevalence rate of HIV among adult general population is 1.6% in 2002 with great disparities between States,, the prevalence of HIV infection is higher in the South Sudan, eastern States, Khartoum and White Nile States.

The rate of awareness about AIDS among women is 70.4%, knowledge about HIV prevention is 4% and the knowledge of means of mother-to-child transmission of HIV is 54%.

The Malaria case load has been reduced in the recent years, the proportional case rate 100 people, reduced from 400/1000 in 1993 to 71/1000 in 2005. The Sudan Household Survey 2006 showed that 36.8% of households had mosquito net; only 18.4% of households had an insecticide treated bed nets.

The case fatality rates decreased from 1.99% in 2000 to 1.3% in 2006.

Sudan is on track to achieving the target of access to safe drinking water with coverage going up from 27% in 2000 to 56.1% in 2006.

The arrival of internally displaced people has heightened the demand for shelter in receiving areas that were not even meeting the demand resulting from natural population growth. This has increased the pressure on infrastructure and social services.

The government as well made continuous amendment to the Investment Act and undertake necessary economic reforms to create conducive business environment to the private sector.

Section 1: introduction

1.1 Background

The 2005 World summit mandated the United Nations Economic and Social Council (ECOSOC) to undertake an annual ministerial-level substantive review (AMR) of progress in the implementation of the international agreed goals (IAGs), including the

MDGs Sudan has volunteered to make such a presentation in order to share its experiences.

Section 2: objectives and methodology

2.1 Objectives

The aim of the National report is to examine and provide an assessment of the implementation of the national development strategies to achieve the international agreed development goals (IAGs) and objectives, including the Millennium Development Goals (MDGs), in order to (a) provide feedback to the country on its performance (b) to enable the development community to understand a country's policies and circumstances.

2.2 Methodology and approach

This report has been prepared in a participatory manner. The first report was prepared by national consultancies, which was then subjected to discussion with technical line ministries and other relevant bodies that participated and provide inputs.

Section 3: main features of the internationally agreed goals

The historic United Nations conference and summits held in the 1990s and 2000s generated an unprecedented global consensus on a shared vision of development. That broad-based framework in turn laid the groundwork for the Millennium Summit at which a series of challenging time-bound goals and strategies were adopted and collated as Millennium Development Goals (MDGs) designed to meet the needs the world's poorest are being pursued as of a larger development agenda that also encompasses the needs of middle income development countries, questions of growing inequality, and the wider dimensions of human development.

Section 4: national development strategies

National policies in Sudan are categorized in to long term national development strategy known as the Twenty- Five years national Strategy (2007 -2031) and the medium term Five – Year Plan (2007 – 2011).

4.1 Vision of the five-year plan (2007 -2011)

The vision of the twenty –five years strategy, is "continue to build a unified, secure and peaceful Sudan founded on the principles of pluralism, federalism, equitable distribution of wealth and safeguarded by social co-existence, peace and the rule of law. A Sudan where cultural and social diversity is a source of strength, stable on the

basis of effective national partnership for sustainable development and fostering mutual relations with the international community serving reciprocal interests".

4.2 Mission of the five-year plan (2007-2011)

1. Realizing the political stability and sustainable peace through national unity, national accord and the implementation of the Peace Agreements together with safeguarding national sovereignty, national securing and activating the role of the civil society organisations in order to contribute in implementing the objectives of the Five year plan and building up balanced relations with international community.

2. Fostering the concept of citizenship which, based on complete belonging to the history of the country and uphold the contribution of its components in its progress. The concept of citizenship that enabled the Sudanese identify to become a loyalty superseding tribalism and regionalism in pursuit of co-existence, integrated rebirth and furthermore laid the foundation for social and cultural system that would inspire the political and economic movement to achieve justice, equitable and decent life for all.

3. Sustainable development through building the infrastructure, modernizing and development agriculture, increase production and productivity, enabling the private sector to guide the economic development and building an economy of equitable supply of basic services such as potable water, primary and preventive health, education and shelter.

4. Reducing of poverty and realizing an equitable balance between the rural and urban areas. Also support the funding of quick-impact projects designed for poor and in particular for the displaced and war –affected population.

5. Development good governance and democratic process secured by basic freedoms, rule of law, respect of human rights and justice, furthermore restoring to the principle of responsibility and accountability on three pronged levels of governance.

6. Building and development capacities, reforming institutions and civil society cadre by focusing on regional and local levels. Furthermore development the expertise of individuals enabling all to contribute in economic, social and cultural development based on burden-sharing, cooperation and the respect of work, time and quality values.

7. Furthering the use of information technology and communication to enhance performance in terms of effectiveness, competence and quality. Furthermore, developing the local competencies and capacities economically, institutionally and administratively.

4.3 People-centred policy framework

The Republic of the Sudan has place a lot of emphasis on the involvement of the people in design and implementing of the national development policies. Beginning from national twenty five years strategy, people are usually consulted in the design of the national development policies. According to the promulgated constitution 2005 decentralization policy has been a deliberate move to devolve power to the local government level. Institutions as follows:

1. National level according to the national constitution which shall exercise authority with a view protecting the national sovereignty and territorial integrity of the Sudan and promoted the welfare of its people and consist of the following:

A-presidency of the republic

B-national council of ministries

C-national legislative composed of two houses the national assembly and the council of states

2. Southern Sudan level

According to the constitution which shall exercise authority in respect of the people and States of southern Sudan.

3. The state level

According to the state constitution which shall exercise authority at state level through out Sudan.

4. Local level of government which shall be throughout the Sudan and render public service through the level closer to the people.

Section 5: scope of achievement in implementation of national development strategies

5.1 Government commitments towards the Millennium Development Goals

For the past 25 years Sudan has lived a complex conflict between the South and the North. As a result of numerous peace initiatives and tough peace negotiations, a comprehensive peace agreement (CPA) was signed in January 2005. However, immediately after the Government of Unity had settled down to implementing the post-conflict institutional and development commitments, conflict in Darfur flared up to draw much of Government attention away from reducing regional inequality and the overall level of poverty and slowed down the process of development. Sudan, as a

member State of the United Nations and signatory to the September 2000 Millennium Development Goals (MDGS) by 2015, remains committed to the achievement of the Millennium Development Goals as well as the Interim National Constitution of the Republic of Sudan. According to the Interim National Constitution of the Republic of Sudan, the overarching aims of economic development shall be the eradication of poverty, attainment of the Millennium Development Goals, guaranteeing the equitable distribution of wealth, redressing imbalances of income, and achieving a decent standard of life for all citizens. These aims are to be achieved in the context of a decentralized State with three levels: (a) the national level of government, (b) Southern Sudan level which shall exercise authority in respect of the people and States in Southern Sudan, (c). The State level of government, which shall exercise authority at the States. (d) Local level of government, which shall exercise authority at the local level and provide and public service through the level closest to the people. One of the principles of intergovernmental linkages that is to be respected in the administration of the decentralized system is that the linkage between the national level and the States in southern Sudan shall be through the government of Southern Sudan. Within the context of the decentralized system of government and the desired linkages between the various levels of government, the interim national constitution provided guiding principles for the equitable sharing of resources and common wealth. Among these principles is that resources and common wealth of Sudan shall be shared equitably to enable each level of government to discharge its legal and constitutional responsibilities and duties and to insure that the quality of life, dignity, and living conditions of all citizens are promoted without discrimination on ground of gender, race, religion, political affiliation, ethnicity, language, or region. The sharing and allocation of the resources and common wealth of Sudan shall be based on the premise that all parts of the country are entitled to development. The national government shall fulfil its obligations to provide financial transfers to the government of Southern Sudan and shall apportion revenues among other States. Revenue sharing shall reflect a commitment to devolution of powers and decentralization of decision making in regard to development, service delivery, and governance. No level of government shall withhold any allocation or financial transfers due to any other level of government.

Furthermore, the Interim Constitution created a special commission named the 'Fiscal and Financial Allocation and Monitoring Commission'; to ensure the transparency and fairness in regard to the allocation of nationally collected funds to the Government of Southern Sudan and the States. In respect, all revenues collected nationally for or by National Government shall be pooled in a national revenue fund administered by the National treasury. Such funds shall embrace all accounts and sub-funds, into which monies due to the Government is collected, reported, and deposited. The duties of the commission include: (a). Monitor and ensure that equalization grants from the National Revenue Fund are promptly transferred to respective levels of government. (b) Grantee appropriate utilization and sharing of financial resources. (c) Ensure that revenues allocated to conflict affected areas are transferred in accordance with agreed formula. (d) Safeguard transparency and fairness in the allocation of funds to the

Government of Southern Sudan and the States according to established ratios or percentages stipulated in the Interim Constitution of the Republic of Sudan.

Thus, the government of Sudan, as a signatory to the September 2000 Millennium Development Goals (MDGS) by 2015 and a signatory to the Comprehensive Peace Agreement (CPA) signed in January 2005, is simultaneously committed the achievement of the Millennium Development Goals and the implementation of the post conflict development plan set in the Interim Constitution of the Republic of Sudan.

Having noted the above government commitments below is an assessment to the extent to which these commitments are translated into actions with emphasis on actions to achieve the Millennium Development Goals. The Millennium Development Goals are closely interrelated in such a way that progress in achieving one goal inflicts positive externalities that accelerate the achievement of other goals.

5.2 Goal 1: eradicate extreme poverty and hunger

5.2.1 Situation analysis

This is an important goal not only because it represents the first human choice in life but also because progress in achieving this goal will immediately be reflected in the process of achieving other goals. Addressing this goal is in fact addressing three targets simultaneously. These three targets, without denying the human choice of reproduction, include sufficiency, availability, and accessibility of food. Therefore, government actions to eradicate extreme poverty and hunger include the design and implementation of a development policy that shifts resources from oil to soil and a monetary policy that stabilizes food prices. Thus, the current situation vis-à-vis extreme poverty and hunger can be viewed through the lenses of population and food in Sudan. If food and population are growing by the same pace in all regions without demographic measures that suppress population growth rate, then per capita food is not a decreasing function of population. If per capita food that remains constant with an increase in population is sufficient and accessible to all the people, then the country is food secured and consequently Goal (1) is achieved. Therefore, availability of sufficient food is a necessary but by no means sufficient condition for the achievement of Goal (1) until that available and sufficient food is accessible to all the people of Sudan.

In relation to the Government actions to achieve eradicate poverty and hunger. Aware of the defence role of agriculture in the frequent bouts of food war that is usually declared against politically less obedient poor nations, and the importance of achieving Goal 1 through milking oil to feed the soil, the Government of Sudan formed a high level committee under the chairmanship of the vice president of the republic. The declared responsibly of that committee is to design and implement an agricultural

revival programme within the Five-Years National Development Strategy. The ministerial agricultural revival committee beside the Ministers concerned, includes highly effective people in the field of agricultural development, researchers, planners, executives, financial institutions, private sector, foreign direct investors, farmers, pastoralist and civil society organizations. With this wide representation, the agricultural revival committee designed a national agricultural development plan with equitable allocation of resources among the States. The overall mission of the agricultural development strategy is to transform agriculture from an activity dominated by a subsistence farming system with low and deckling productivity to modern sector responsive to the market signal and capable of creating sufficient rural jobs that can reverse the trends of rural-urban migration. As such, the agricultural revival programme sets key agricultural development strategic targets; chief among them are: (1) increase agricultural productivity in order to increase rural per capita income and consequently reduce rural poverty (2) achieve both food security and food sovereignty by producing sufficient and attainable food. (3) Create sufficient and gainful rural jobs to attract rural-urban migrants back to their rural homes. (4) Bring economic life to the economically dead assets of the rural poor by locating agro based industries in rural areas and facilitating agricultural marketing. (5) The creation of a favourable investment climate for foreign direct investment to flow to agriculture. (6) The elimination of macroeconomic policies those are detrimental to agricultural development.

5.2.2 Government policies to achieve Goal 1

To achieve NDG 1 through the above set targets, the Government adopted the following agricultural policies: (1). Redirect 20 percent of public spending to agricultural support services and subsidies. (2) Approve national partnership with foreign direct investors in integrated crop / livestock / processing projects. (3) Supplement Donor's funded agricultural projects with huge national components. (4) Upgrade national banks lending capacity and set aside special funds for agricultural finance. (5) Prepare bankable projects for finance by foreign financial institutions. (6) Seek agricultural finance from bilateral sources. (7) Take political and diplomatic initiatives to ensure financial flows to the revival programme (8) design, implement, and sustain agricultural investment facilitating policies. (9) Widen agricultural insurance coverage. (10) Set aside part of the emergency fund as a grantee against bank loans to small land holders. (11) Set aside certain percentage of Sudan Agricultural Bank resources as marketing credit to small farmers. (12) Build the financial and administrative capacities of the national emergency fund and agricultural insurance companies. (13) Exempt agriculture and livestock from all types of government taxes and any other levies.

5.2.3 Government action plan (2008-2011) to achieve Goal 1

For the year 2008 the government approved and committed a total of 1.36 billion Sudanese pounds for the first stage of agricultural revival. The required appropriation for 2009 is estimated as 1.34 billion Sudanese Pounds and gradually reduced to 1.1 and 1.0 billion Sudanese Pounds for 2010 and 2011 respectively. It is obvious that since 2008 is the kick off point of the agricultural revival programme a bigger share of the allocated fund (39.4 %) will go to infrastructure. Second in the rank comes food security to which 34.4 percent of the fund for 2008. Subsequent to these major agricultural revival programmes come the protection of the environment with 9.8 percent of total fund for 2008, agriculture support service with 7.5 percent of the total fund for 2008, agricultural marketing and export facilitation with 6.6 percent of the total fund for 2008, and at the bottom of the rank comes the capacity building of the commodity promotion council with 1.1 percent of the total fund for 2008. The details of the action plan are reported in Table (1) below.

The estimated annual finance of the agricultural revival programme is shared among government, donors, commercial banks, and the farmers. While Government share decreases gradually from 44 percent in 2008 to 22.3 percent in 2011. The share of the commercial banks increases from 27.5 percent in 2008 to 45.6 percent in 2011. Donor's share also increases from 9.9 percent in 2008 to 11.1 percent in 2011. Farmer's share in financing the agricultural revival programme also increases from 18.6 percent to 21.0 percent over the program pound time. Government share in financing the programme will decline because basic infrastructure and agricultural support project will be completed. The share of commercial banks in financing the programme is expected to increase over the period because the insurance coverage will encourage more investors to take more credit. On the other hand farmer's share in financing the programme is also expected to increase over the period because of an expected increase in productivity and the capacity build up of farmers to finance their own agricultural operations.

Table (1) Estimated cost of agricultural revival projects (2008-2011) (in millions of SDG)

Agricultural revival projects	approved	projected			Approved & projected	(2008)
	2008	2009	2010	2011	total	Share in total (%)
Infrastructure	534.1	568	540	560	2202.1	39.4
Water harvesting	148.0	148	100	90	486.0	10.9
Water resources	284.6	350	400	450	1484.6	21.0
Roads and routes	101.3	70	40	30	241.5	7.5
Capacity building	4.0	5	3	2	14.0	0.3
Support service	101.3	150	90	70	411.3	7.5
Information system	16.0	16	10	7	49.0	1.2
Food security	467.2	400	300	250	1417.2	34.4
Marketing	90.2	100	80	60	330.2	6.6
Modernizing farming systems	6.5	10	8	6	30.5	0.5
Natural resource development	133.8	90	70	55	438.8	9.8
Commodity promotion council	4.0	4	4	4	16.0	0.3
All	1357.1	1343	1105	1014	4819.1	100

Source: The council of ministers information office.

In conclusion the results of the recent surveys (SMS:1999, MICS: 2000, SHHS;2006) indicate that poverty in Sudan ranges between 50% to 60% in northern states and much higher in Southern Sudan, Further, it indicates that most of the poor are rural residents, though urban poverty is also prevalent as a result of the internal migration due to conflict and natural hazards. Observations tell us that the progress towards achieving this target has improved compared to the levels of the 1990s as the GDP per capita increased from US$ 779 in 2005 to US$ 1036 in 2006. Such improvement in minimizing poverty in Sudan is attributed to the increasing of pro poor spending, which increased steadily from 2.5% of GDP in 2005 to 5.6% in 2006 to 7% in 2007. Real GDP increase from an average of 7.1% during 2000-2005 has recorded double – digit growth rates of 10% and 11% in retrospect's 2006 and 2007. Such growth rates

were not broad-based enough to impart sustained change in poverty reduction and realized MDGs targets. Production structure and growth of real output have favoured the oil sector with more than 16% GDP contribution, 35% growth rate, 90% of exports and 50% of national revenues. Transport, telecommunication, construction and economic services recorded also high. The reflection of poverty on human health is evident from the nutritional indicators, Protein Energy Malnutrition (PEM) and Micronutrients deficiencies are the most common problems that affect children under five years of age and women. The nutritional indicators are still poor; the Sudan Household Survey, 2006 (SHHS) shows alarming nutrition indicators with minor differences between males and females < 5 years children: 31% of them are moderately or severely underweight (<-2 SD, weight for age) with slight increase among boys. Severely underweight children (-3 SD) represent 9.4% with slight increase among boys. Almost (32.5%) of children suffer from moderate or severe stunting (<-2 SD score, height for age), reflecting a chronic malnutrition caused by the long term and prevalent under-nutrition, deepened by the infectious diseases morbidities that hit children across the country. Nationally, moderate or severe wasting prevalence (-2 SD, weight for height) with the level of 14.8% of global acute malnutrition is just below internationally recognized standards (15%) indicating a nutrition emergency. The recent "food price crisis" is expected to heighten the situation and keep the road map to MDGs distant if substantial corrective interventions were not timely achieved.

5.3 Goal 2: achieve universal primary education

Since the establishment of the federal system in 1994 the States have been responsible for primary and secondary education with support from the Central Ministry of Education. The Central Government retains the responsibility for tertiary and diploma level of education. There are numerous private education institutions including the traditional Khalwa, which operates at all levels including preschool.

5.3.1 Education policy

The Government education policy has been to implement the resolutions of the international conference on education held in Thailand in March 1990 which is mainly to achieve education for all (EFA). This broad policy objective has now been absorbed in the education MDGS; namely, to ensure that by 2015 children everywhere, boys and girls alike will be to complete a full course of primary schooling. The policy of education for all was finally translated in the Comprehensive National Strategy of the Education Sector 1992. This comprehensive national education strategy established the following objectives. (a) Enrolment of all children age six and above by 1998. (b) Decrease illiteracy among both men and women to only 10 percent by the year 2000. (c) Promote opportunities for education with especial emphasis on the education of deprived groups and also eradicate the disparities in education between males and

females by the year 2001. (d) Improvement of the quality of basic education through teacher training, upgrading of academic standard and making text books available and accessible.

In the year 2000 the government passed the General Education Planning Act where there are additional areas of emphasis such as the responsibilities of the States and the potential role of communities in support of local education. Its main provisions are: (a) the right of the Sudanese children to education at a number of levels from pre-school to secondary levels. (b) the relevance of formal and non-formal education.(c) The demarcation of powers and management responsibilities between the central government and the States, including the authority of the central Ministry of Education to specify teachers' qualifications at all levels of education (d) Government and private schools are required to implement the national curriculum. (e) Communities are encouraged to contribute to the expansion of education by setting up private schools.

5.3.2 Results of the education policy

The education for all at the basic level remains a very explicit objective of the government since the early nineties but the results as measured by access to, and the quality of education service, as well as the quantitative and qualitative indicators has not been up to expectations. Available data shows that the over all progress in basic education as measured by net enrolment ratio is still low but has been improving from 40 percent in 1991 to 53.7 percent in the year 2006. With regards to adult and youth literacy rates, some progress as been achieved. The adult literacy rate has increased from 45.8 percent in 1991 to 60.9 percent in 2006. Thus, the target was only partially achieved by the year 2006. This represented a massive failure because there was no significant increase in the primary school enrolment rate at the basic level during the early nineties. One of the reasons behind the deterioration in the education sector was low level of funding. The finance of primary education was left to poor localities which depend on funds raised from poor parents. These poor parents are not only unable to pay for the education of their children but also need to use the labour of their children to augment family income. This is why both enrolment and completion rates among the children of the poor are very low in spite of the increase in the number of schools. Therefore poverty is the constraint that should be overstepped in order to achieve education related MDGS. Meanwhile the children of the poor can be vaccinated against lack of education by designing and implementing a programme of conditional transfer to the families of poor children.

5.3.3 Regional disparities in education-related Millennium Development Goals

Since the States and the localities within the States are unequal in their abilities to finance education, and since parents are unequal in their abilities to pay for the education of their children, the outcome of the education policy would eventually

exhibit regional disparities in the deprivation in knowledge as reported in Table (2) below:

Table (2) Regional disparities in the deprivation in knowledge

Rank (R)	States	P2	P21	P22	P23
1	Unity	90.8	86.4	95.5	90.5
2	Warap	86.8	82.3	92.6	85.6
3	NBG	86.8	75.4	94.5	90.3
4	Lakes	86.3	85.2	89.3	84.3
5	WBG	85.3	77.4	90.6	88.0
6	Jonglei	84.7	75.9	91.1	87.1
7	E. Equatoria	80.6	79.9	88.2	73.7
8	Upper Nile	74.1	74.4	78.9	69.1
9	W. Darfur	54.8	63.4	55.9	45.2
10	C. Equatoria	51.8	57.6	58.5	39.2
11	S. Kordofan	50.4	60.3	50.5	40.6
12	Blue Nile	49.2	56.7	46.6	44.3
13	W. Equatoria	48.2	49.7	57.7	37.1
14	S. Darfur	46.0	51.1	48.3	38.5
15	Kassala	45.0	50.4	45.3	39.1
16	Gadarif	39.3	44.8	36.0	37.1
17	N. Kordofan	38.6	43.6	38.0	34.1
18	Sinnar	38.5	40.9	36.9	37.8
19	Red Sea	38.1	40.0	34.9	39.4
20	N. Darfur	35.3	43.7	39.6	22.5
21	White Nile	30.4	39.7	28.2	23.3
22	Gezira	22.2	28.2	18.3	20.0
23	Northern	19.6	28.4	11.0	19.3
24	River Nile	18.0	24.1	11.5	18.6
25	Khartoum	16.3	18.8	14.4	15.6

Source: National health survey data (2006)

Note: P2 = the combined deprivation in knowledge index
P21 = adult illiteracy rate (%)
P22 = dropout from basic education (%)
P23 = dropout from secondary education (%)
R = ranking is in a descending order

The results of Table (6) clearly show that the people of the ten Southern States, except West Equatorial are most deprived in knowledge. The results also show that within the South, the deprivation in knowledge combined index (P_2), adult illiteracy rate (P_{21}), the dropout from basic education rate (P_{22}), and the dropout from secondary education

rate (P_{23}) vary from 90.8, 86.4, 95.5, and 90.5 percent respectively in the Unity State to 51.8, 57.6, 58.5, and 39.2 percent respectively in Central Equatorial State.

The people of Khartoum, River Nile, Northern, Gezira, and the White Nile States are least deprived in knowledge. In these five States, the deprivation in knowledge combined index (P_2), adult illiteracy rate (P_{21}), the dropout from basic education rate (P_{22}), and the dropout from secondary education rate (P_{23}) vary from 30.4, 39.7, 28.2, and 23.3 percent respectively in the White Nile State to 16.3, 18.8 percent respectively in Khartoum and 11.0, and 15.6 percent in the Northern and Khartoum States respectively.

Disparities in the deprivation in knowledge indicators in the whole country are even much wider. While the deprivation in knowledge combined index (P_2), adult illiteracy rate (P_{21}), , and the dropout from secondary education rate (P_{23}) vary from 90.8, 86.4, and 90.5 percent respectively in the Unity State to 16.3. 18,8, and 15.6 percent respectively in Khartoum State, the dropout from basic education rate (P_{22}) varies from 95.5 percent in the Unity State to 11 percent in the Northern State.

This regionally unbalanced situation regarding educational attainment necessarily urges the government of unity to enact the interim national constitution of the republic of Sudan and the comprehensive peace agreement vis-à-vis the equitable sharing of resources and wealth.

5.4 Goal 3: promote gender equality and empower women

This goal has received a special attention and considered as framework to facilitate women participation in all spheres of life and attaining sustainable social development. The interim constitution has given women equal right without discrimination as to sex, race or religion.

Available data shows that the rate of women participation and voting in general election is higher than that of men (national election authority 2000), reflecting the role of women in political, social and economic life. Women are given a quota of at least 25% representation in national or state parliaments in the 2008 Electoral Law. In spite of some progress in improving the political representation of women in the national assembly 19.7%; ministerial posts 8.6%; federal ministries 6.8% and state ministries 4%; a majority of women are still outside the political and decision making process.

Recently the government endorsed a national policy for women empowerment and action plan for year 2007-2011. Using the MDGs indicators to judge progress tells that significant progress has been achieved. The ratio of girls to boys in primary and secondary education (gender parity index) has improved from 0.85 and 0.90 in 2000 to 0.93 and 1.0 respectively in 2006. The share of women in wage employment in non agricultural salary increased from 26.6 in 2000 to 30% in 2005, and proportion of seats

held by women in national parliament increased from 10% in 2000 to 18.3% in 2005 to 25% in 2006, which are good ratios compared to regional levels.

5.5 Efforts towards achieving health-related Millennium Development Goals in the Sudan

The Federal Ministry of Health in its efforts to realize the MDGs at the sectoral level, has developed different policies, guidelines and strategies that are articulated around achieving the MDGs and are put into practice.

The national health strategy was developed to operationalize polices addressing the MDGs.

	National Nutrition Policy and Strategic Plan, Basic Nutrition Package, National guidelines for Management of Acute Severe Malnutrition, Nutrition Emergency Package, Food Fortification Strategy
	Child health policy, EPI Mid Year Plan, EPI Five years Strategic Plan, and National plan for Child Mortality reduction
	NRHP, RH 5 Year strategy (2006-2010), upgrading midwifery training: Adoption of Skilled Birth Attendants care provision at the community - Declaration on MPS (Provision of village midwives, Strengthen the community involvement) and National plan for MM reduction
	National HIV/AIDS policy, 5 year HIV/AIDS control strategic plan, RBM strategy, TB-DOTS strategy, National Malaria Management Guidelines
	Community Based Initiatives (CBI) strategy, Partnership for health 5 years plan.

Moreover, a national steering committee for maternal and child mortality reduction was established. It is chaired by the Federal Ministry of Health with members from health and health related sectors working in maternal and child health. The committee endorsed the priorities identified for interventions required to reduce maternal and child mortalities. Efforts to establish parallel structures at state level, led by the States' Governors, are ongoing and already materialized in 4 States.

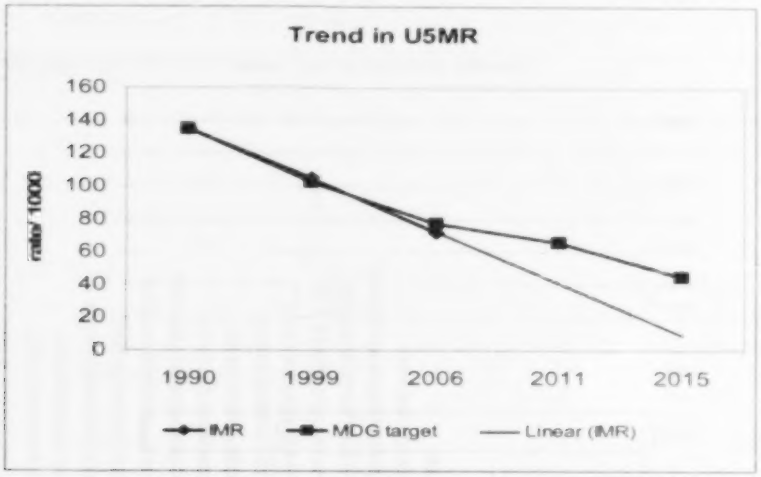
The Ministry of Health also plays a leading role in coordinating the national response to HIV/AIDS.

Access to essential medicines in Sudan is estimated in the range of 30-40%. In an effort to increase the availability at state level the government has decentralized the central medical stores and established sub-stores at 19 states. New policy was developed and endorsed to encourage local manufacturing of drugs, whereby, the local pharmaceutical industry will need to expand vertically and horizontally, and to utilize its full production capacity. In addition, and as an effort to enhance accessibility to

health services, the government declared the policy of providing maternal services and that to under five free of charge.

5.6 Goal 4: reduce child mortality

Analyzing health care utilization data fro n health statistics indicate that the majority of morbidity and mortality among unde -five children is due to diseases including malaria, pneumonia with other ARIs, diarrhoea, , malnutrition and measles indicating strong link between goal 4 and other related MDGs.



A significant step in addressing these problems was Sudan's adoption to the Accelerated Child Survival Initiative (ACSI) and in May 2008 the First campaign was conducted where during this Jump Start Campaign 2.7 million children under 5 yrs (96.5%) were vaccinated against measles, 4.3 million children received Vitamin A supplementation, 3.6 million children (80 %) received de-worming tablets, 3,403,539 children (95.3%) received two drops of polio vaccine, 760,693 families received LLITNs, and 5 key health messages on hand washing, routine immunization, personal hygiene, Mosquito nets and exclusive breastfeeding targeting the total population of the 15 Northern states were delivered.

The Expanded Program on Immunization (EPI) has also achieved the national target of DPT3 coverage of over 83% in more than 80% of localities.

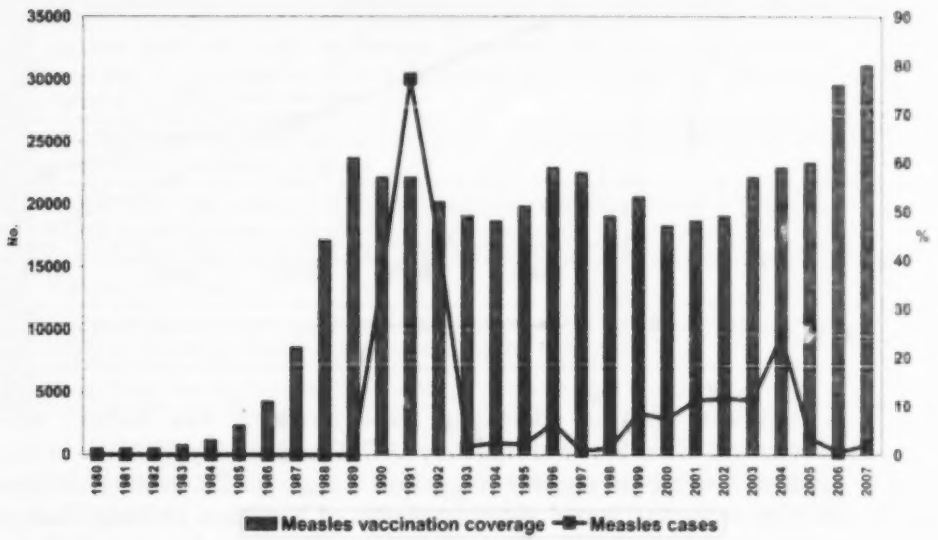
In terms of immunization coverage against measles among children under 1 year of age, Northern Sudan witnessed a remarkable increase in immunization coverage from 57% in 2003 to 80% in 2007 , but all the southern states are lagging behind (11.8% in Lakes state to 35.4% in Upper Nile state) lowering the national average of measles coverage to 68% in 2008. It is estimated that 33% of the population receive

immunization from fixed posts, 27% from mobile teams and 40% through outreach activities.

However, scaling up of services and interventions targeting under-five children is still required and shifting to routine ACSI is critical.

With the implementation of the measles vaccination catch up campaign in 2004 and follow up campaign in 2007, the measles disease burden has fallen down dramatically. This reduction of the measles toll in addition to widely distribution of vitamin A will definitely contribute to in reducing child mortality in Sudan.

Measles vaccination and cases trend, Sudan 1980-2007



With funding from GAVI, the EPI introduced Hepatitis B vaccine in 2005 and shifted to DTP+Hepatitis Band Hib in 2008 in all Northern Sudan. The FMOH with GAVI support is planning to introduce Rota virus and Pneumococcal vaccines in 2010. This is expected to have an impact on child mortality.

The child health indicators showed significant improvement between the baseline level of 1190 and 2000. For instance the infant mortality rate (IMP) was reduced from 80/1000 in 1990 to 68/1000 in 2000. However, the SHHS revealed a rate of 81/1000, this increase may be attributed to the difference in the coverage (the only survey that has included the Southern States as a whole) or may be due to the effect of conflict and inaccessibility to extend health services to conflict areas. The under five mortality rate was 143/1000 in 1990 and 112/1000 live birth in 2006.

5.7 Goal 5: improve maternal health

The Government of Sudan, through the Federal Ministry of Health, has defined reproductive health as a high priority to improve family health status. It should be emphasized that achieving RH goals and targets would need concerted efforts not only from the FMOH but from all concerned parties especially SMOH, the private sector, the community and international technical and development partners.

For service delivery, 37.5% of all health facilities in Sudan are providing ANC/FP services (Annual RH Report, 2008). According to the latest survey (SHHS, 2006), 71% of all women receive ANC, irrespective of the number of visits or the quality of the services provided. Contraceptive prevalence stands at 7.6%, with a low unmet need (5%). EMONC services are available in 57% of facilities, but are not disturbed efficiently to allow equity in access to referral services. Cesarean section rate is 4.5% and PNC is still low at 18%. Structures for implementing maternal death reviews are being established at all levels to improve reporting on maternal deaths and accordingly identify gaps in services leading to appropriate use of available resources.

Based on the WHO standard of a midwife for every 2000 population, Sudan has achieved 52.4% coverage with village midwives (total number of midwives 12025). Their importance lies in the fact that more than 80% of deliveries take place at home with the support of these midwives.

The training curriculum for village midwives has been revised, upgraded, and extended in duration to be in line with the international standards for skilled birth attendants.

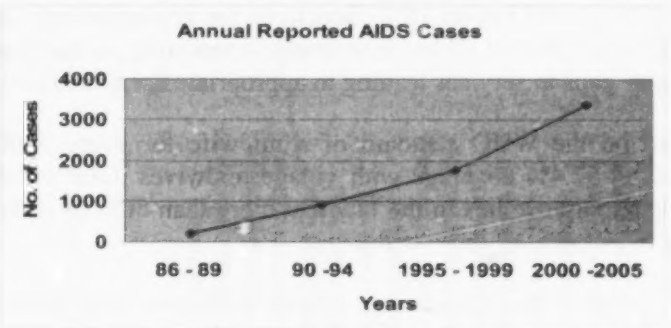
Overall maternal mortality Rate (MMR) in North Sudan has been reduced from 552 in 1990 to 509 per 100000 in 1999. However, the Sudan Household Health Survey (SHHS) in 2006 showed that the MMR was 1107/100000. Again, this high ratio may be attributed to the ongoing conflict and the difference in the coverage as mentioned above (where the MMR is higher than 20000/100000 LBs in south Sudan), in addition SHHS used a different methodology; the direct method for estimating MMR, whereas the previous ones used the indirect method. As an effort to improve services a national committee for MM review was assigned that established a network in the States.

5.8 Goal 6: combat HIV/AIDS, malaria and other diseases

The annual reported AIDS cases are increasing, Stigma and discrimination remains a major obstacle to effective HIV prevention and to uptake of HIV testing, counselling and treatment services and hence availing reliable data on the disease. Epidemiological studies showed that the country is classified to be in an early stage of generalized epidemic. The prevalence rate among adult general population is 1.6% in 2002. However, there are some variations between the States; the prevalence of HIV infection is higher in the South Sudan, eastern States, Khartoum and White Nile State.

The prevalence will be updated through the newly established antenatal facility based Surveillance and through conducting a comprehensive nationwide AIDS Indicator Survey, capturing behavioural risk factors and HIV prevalence data. The survey is still under process. The HIV/AIDS situation is likely to become more serious due to increased movement across the borders of neighboring countries with higher HIV prevalence coupled with low condom use in Sudan. However, with the increased donor funding, signing of the CPA and the high political commitment, the National HIV/AIDS Control Program is in a better position to accelerate its activities to prevent further deterioration in the situation.

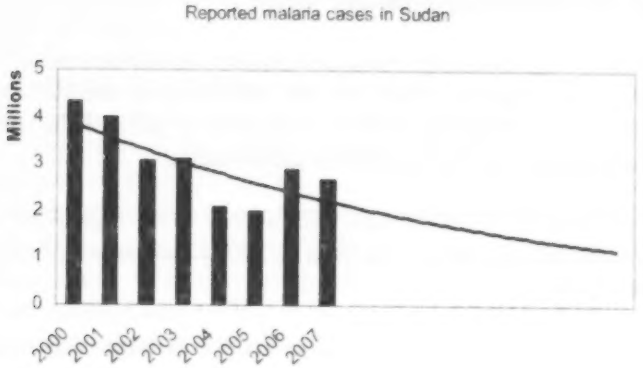
The SHHS shows that the rate of awareness about AIDS among women is 70.4%, knowledge about HIV prevention is 4% and the knowledge of means of mother-to-child transmission of HIV is 54%.



Malaria

The case load has been reduced in the recent years, the proportional case rate 100 people, reduced from 400/1000 in 1993 to 71/1000 in 2005. The Sudan Household Survey 2006 showed that 36.8% of households had mosquito net; only 18.4% of households had an insecticide treated bed nets.

The case fatality rates decreased from 1.99% in 2000 to 1.3% in 2006. Malaria treatment protocol has been changed from Chloroquine to Artemisinin-based combination therapy (ACTs) based on research evidence. The new drug is readily available in public health facilities and market. The new drug is provided to the patients free of cost in ten states under Global Funds arrangements.



Tuberculosis

The National TB program (NTP) has managed to expand in 15 northern and 6 southern states. For each 100,000 people, there is a TB Management Unit (TBMU), serving as a diagnostic unit, and for each TBMU there are in average three treatment support centers (DOT centers). These centers are supervised by locality TB coordinators and State TB Coordinators, as well as by the Central Unit at federal level. Difficulties constraining DOTS are under utilization of microscopy laboratory; poor recording and reporting, high defaulter rates and insufficient technical and managerial capacity at different levels of NTP.

5.9 Goal 7: ensure environmental sustainability

5.9.1 Environmental resources sustainability

Sudan is endowed with huge and diversified natural resources, fertile land, natural forests, fresh water, biodiversity, wild and domestic animal stock, marine ecosystems, mineral and oil resources. The challenge is how to effectively manage, protect and develop these resources in a sustainable manner. Sudan as a member of the international community is committed to many environmental conventions and accordingly issued many legislations concerning protection of the environment.

The government records show that there are about 150 acts, orders and guidelines and regulations addressing environmental issues since 1903. In fact, the five year plan 2007-2011 has clearly linked the environment to the broad economic development objectives to achieve a sound sustainable development sensitive and friendly to the environment by utilizing the natural resources based on an optimal and sustainable fashion and administering, maintaining and conserving resources by technical applications, effective institutions, technically appropriate policies that are acceptable economically, socially, environmentally and culturally in order to benefit the present and future generations.

5.9.2 Access to safe drinking water

Access to safe drinking water and equate sanitation remain a major concern in Sudan. Despite the progress made in water provision in the last decade, the overall daily per capita amount drinking water is only 35% to 60% of the minimum required amount in the rural areas and 385 to 44% in urban areas.

The proportion of population with access to an improved water source has increased from 27% in 2000 to 56.1% (SHHS 2006) and ranging from 80.7% in Sennar to 22.25 in Jonglei State.

The proportion of those who have access to improved sanitation has increased from 15% in 2000 to 31.4%. Nevertheless, discrepancies in the proportion of population with access to an improved sanitation are prominent among the States. The levels range from 83.2% in River Nile state to 1.9% in Warap state. In many parts of the country accessibility hinges not on the physical availability of water but, rather, on how water is managed.

5.9.3 Slums and improved housing

The arrival of internally displaced people has heightened the demand for shelter in receiving areas that were not even meeting the demand resulting from natural population growth. This has increased the pressure on infrastructure and social services. On average it is estimated that 31.4% of the population have access to sanitation, though there are wide regional variation. The ratio of population who have access to sanitation network are only 6% while the ratio of urban population who have access to septic tanks in not more than 3.5%.

5.10 Goal 8: develop a global partnership for development

Sudan is depending on foreign aid to finance its development activities. For instance the external resources have increased from about US$ 600 million in 2005 to US$ 650 million in 2006, provided in the form of project support, moving away from direct budget support. In a situation of aid dependence prudent management of aid relationships is important. Sudan has accorded priority to the management of aid.

The government as well made continuous amendment to the Investment Act and undertake necessary economic reforms to create conducive business environment to the private sector, as a result the foreign direct investment has increased from US$ 909 million in 2004 to US$ 3205 million in 2006.

5.10.1 Debt sustainability

Sudan's external debt amounted to US$ 31.873 billion as 2007 compared to US$ 28.457 billion. Debt arrears estimated at US$ 24.4 billion representing 86% of total debt. The country efforts to meet necessary obligations to engage in the process

of HIPCs initiative are accelerated, but unfortunately these efforts are hampered by international issues and tied aid.

5.11 Challenges, constraints and the way forward

An assessment of the status of the achievement of the MDGs was carried out in 2004 and as an integral part of a SHHS carried out in 2006 that showed significant urban-rural and regional disparities due to conflict, displacement, chronic poverty and lack of basic health care. This assessment has emphasized the urgent need for significant efforts and scaling up of effective health interventions especially directed towards women and young children at the PHC level. In summary the followings are the main reasons impedes achieving MDGs by 2015:

The overall health system is weak including lack of clear policies based on evidence and that effectively ensure access of all population segments especially to poor to quality health care translated This includes:

- Unpredictable and inadequate financing;

- Inadequate human resources both quantitatively and qualitatively across the organizational management and service delivery levels coupled by uneven skill mix and geographical distribution;

- Insufficient attention to social determinants and multisectoral approaches and weak coordination mechanism among responsible sectors leading to inadequate accountability;

- International aid is not well coordinated and directed to address national top priority public health interventions;

- Major gap in knowledge whether related to the information system or the research. Both areas are incoherent and poorly managed, resulting in weak monitoring and evaluation systems.

Primarily, the key to boost country's potentials for achieving MDGs is enhanced micro-economic efficiency through developing a global partnership for development by developing effective aid, better market access and debt sustainability. If coupled by increased Development Assistance, the Sudan will have the potential to achieve the MDGs. It is also equally important to the achievement of the MDGs is the resolution of issues of sustained peace and security across all Regions as well as issues c equitable development.

Secondly to revert the current MDGs health related indicators, a sustained reform with remarkable increase in spending on health focusing on public health sector and

operationalization of pro-poor polices is badly needed to make any progress towards MDGs.

It is clear that socio-cultural beliefs towards women and girls, health and social status needs to be further understood, in order to influence the social change towards ensuring fundamental rights for women and girls. Also there is a need for improved structural and resource base interventions to promote gender equality and women empowerment through insuring real integration of gender issues in all development aspects. The implementation of the plan of action of the Woman empowerment policy should given high priority in order to bridge all the Gaps.

Sudan a country emerging from conflict has to shoulder the burden of meeting the development challenges and related costs in addition to costs related to implementation of three peace agreements, reconstruction and rehabilitation programmes. Donors support, though appreciated, doesn't seen to meet the huge requirements of peace building, development and reconstruction. Donors supported programmes and interventions have experienced prolonge implementation and have demonstrated minimum impact on the ground.

This report is based on:

- Sudan consortium pre-technical sessions report, March 2007
- Sudan Household Health Survey (SHHS) 2006
- MDGs Country Profile, Sudan, June 2008
- Five Year Country Strategy 2007-2011